DOCUMENT RESUME

ED 150 506 CG 012 173

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TITLE Alcohol Education Programming at the University of Massachusetts, Amherst, and Evaluation of Results to Date.
SPONS AGENCY National Inst. on Alcohol Abuse and Alcoholism (DHEW/PHS), Rockville, Md.
PUB DATE 27 Aug 77
GRANT 5-H84-AA02331-02
NOTE 30p.; Paper presented at the Annual Convention of the American Psychological Association (San Francisco, California, August 26-30, 1977)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Alcohol Education; College Students; *Community Development; *Decision Making; *Drinking; *Information Dissemination; Methods; Program Descriptions; *Student Attitudes; Universities

ABSTRACT

This report describes the Demonstration Alcohol Education Project at the University of Massachusetts. A basic assumption of the program is that most people can learn to drink sensibly. Rather than being abstinence-oriented, it seeks to foster responsible decisions about alcohol use, including comfortable drinking and non-drinking behaviors. It uses a variety of approaches to promote this idea. The three major categories of approach are: (1) community development (responding to the needs and wants of target populations); (2) extensive approaches (posters, pamphlets and special displays); and (3) intensive approaches (small discussion groups to help individuals examine and modify their attitudes and behavior). The program's objectives and methodology are presented in detail, as well as a description of results which demonstrate its effectiveness. (Author/BF)

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Title: Alcohol Education Programming at the University of Massachusetts, Amherst, and Evaluation of Results to Date

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Paper presented as part of symposium, titled "Preventive Programming in Alcohol Abuse at Three Universities," at the American Psychological Association Convention, San Francisco, California, August 27, 1977. The investigation is supported in part by grant 5-H84-AA02331-02 from the National Institute on Alcohol Abuse and Alcoholism. Views presented are those of the authors and do not necessarily represent the views of the NIAAA or the U.S. Public Health Service.

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Alcohol Education Programming at the University of Massachusetts, Amherst, and Evaluation of Results to Date

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The increased prevalence of alcohol use and abuse among youth has caused concern over the past few years (DHEW, 1974). Many colleges and universities report that between 71 to 96 percent of students drink to some extent and that problems related to alcohol use are quite common, expecially problems related to student drunkenness and attendant physical, social, and property damage (Kraft, 1976). One of the Federal government's responses to the growing concern was sponsorship of the "University 50 plus 12 Project" between 1974 and 1977, which fostered alcohol abuse prevention programming at selected campuses. The 50 plus 12 project also included the publication of an ideabook titled The Whole College Catalog About Drinking (DHEW, 1976). While many of the 64 participating schools had begun some program efforts by the Fall of 1976 (Kraft, 1977), few of the alcohol abuse prevention programs had existed long enough or had involved detailed evaluation procedures to provide guidance to other campuses interested in similar efforts.

The University of Massachusetts at Amherst has been involved with alcohol and drug abuse prevention activities for approximately 25,000 full and part-time students since 1969, when a peer counseling and education service called Room-to-Move was initially organized, and a Community Health Education Division of the University Health Services was formed. In response to Room-to-Move's and Health Education's efforts, campus authorities became increasingly concerned about problems related to alcohol abuse and organized an Alcohol Task Force (ATF) in 1974 to assess campus needs. As one result of ATF's finding, funding

was requested and eventually granted from the Division of Prevention, National Institute on Alcohol Abuse and Alcoholism, for "A University Demonstration Alcohol Education Project" (DAEP). The grant began September, 1975, and was designed as a three year project to reach all students at UMass, with an expanded primary prevention approach toward alcohol use and abuse. It included a sizeable effort to evaluate project efforts. The present report will describe the DAEP and present results of the project efforts during its first two years of operation.

PROJECT DESCRIPTION

Setting: The University of Massachusetts at Amherst is located in a semi-rural setting, 120 miles west of Boston and 30 miles north of Springfield, Mass. A total of about 22,000 full-time undergraduate and graduate students and 3,000 additional part-time students are enrolled at the Amherst campus. About 12,000 students reside in University dormitories with the remaining students living in various apartment complexes. The greater Amherst area is rich in educational and cultural opportunities, many of them centered at the University campus.

One of the supporting services on campus is a large and active University Health Service (UHS). Since 1975, UHS has employed 15 full-time physicians, 7 full-time nurse practitioners, 12 full-time mental health professionals, 9 full-time health educators, and 2 full-time professionals and over 20 part-time students in Room-to-Move, a crisis counseling and peer education service. During the 1975-76 academic year, the outpatient medical clinic handled close to 80,000 visits and the mental health clinic close to 9,000 visits.

Persons with alcohol problems are treated by staff of UHS. A 10-bed inpatient unit at UHS is occasionly used for detoxification purposes. In addition, outpatient referrals to area Alcoholics Anonymous groups and to an alcohol treatment group at Room-to-Move are made when indicated.

Health-related educational programming is sponsored chiefly by the Community Health Education Division and includes a peer sex education program, nutrition and overweight groups, a cold self-care unit, and a smoking cessation program. Room-to-Move also offers educational "workshops" (i.e. small group discussions) concerning "alternative highs," various forms of self-awareness, and ways of coping with depression and feelings of alienation.

Since 1974, Room-to-Move and the Community Health Education Division have been involved in facilitating small group discussions with students who were not necessarily identified as having problem drinking behaviours. However, because of the size of UMass, federal funding was requested and received to hire an increased number of staff for the prevention-oriented program.

The DAEP funding involved approximately $100,000 per year for three years. It funded: one part-time and three full-time professional staff; between 6 to 8 peer educators, each employed for 20 hours per week; 4 other students assisting with evaluation tasks, each 20 hours per week; 3 evaluation consultants; and a full-time secretary. In addition, funds were available for the purchase or production of various media and materials, including the production of five discussion-starter ("trigger") films.

Program Features: The UMass. Alcohol Education Project is based on seven general assumptions. (1) Most people can learn to drink sensibly. The program is not abstinence oriented, but rather seeks to foster responsible decisions about alcohol use, including comfortable drinking and non-drinking behaviours. (2) Educational approaches are of value, especially approaches which seek to change attitudes and behavior rather than only provide information. (3) Social norms and peer attitudes and behaviours influence individual behaviors, and vice versa. A maximally effective plan would seek both to change individual attitudes and behaviors and to modify social, peer, and institutional norms

directly. (4) College age youth are at much higher risk for acute problems related to the inappropriate use of alcohol than they are to chronic alcohol problems. For example, the risk of any given student on campus having a traffic accident, accidental injuries, or broken relationship due to excess alcohol use, is much higher than the risk of any individual student becoming an alcoholic in the future. (5) Many potential problem drinkers will not attend small discussion groups, and so must be influenced in some other manner, such as by friends or community workers. A comprehensive program must use a variety of methods besides small group discussions to influence such drinkers. (6) Faculty and staff as well as students influence drinking behaviors in a University setting. And (7) in general, students can be encouraged to think about their own and friends' drinking behavior without trying to determine whether or not a given behavior or person is "alcoholic." Even if a person drinks sensibly, information can be learned which might be helpful to that person as well as to friends who may not know how to drink sensibly.

Based on the basic assumptions of the program, the DAEP model has the following features: a community or systems-wide focus, seeking to alter individual as well as social norms and behaviors; a multi-modality approach, combining various highly visible information-sharing approaches designed to raise everyone's awareness about alcohol use and abuse, with more intensive educational approaches designed to alter individual and group attitudes and behavior in a desired direction; a multi-level design, to influence individuals, small groups, the University as an institution, and all persons within the university community; a peer education model, capitalizing on the importance of peer group relationships and norms for college-age youth; and a collaborative implementation of the program, utilizing existing campus agencies and units to deliver various program elements rather than creating a new "alcohol education devision" or the like.

Program Objectives: The overall goal of the DAEP is "To promote a campus environment which is conducive to responsible decision making about alcohol use and discourages irresponsible use." In order to measure how effective the DAEP has been, a set of 3 goals and 12 objectives were defined as the target areas.

Goal A. The general student body will be aware of alcohol as a drug about which it ought to be concerned.

Objective 1. Students will be knowledgeable about basic facts concerning alcohol, especially about how to use alcohol in a safe manner.

Objective 2. Students will take more responsibility for their own alcohol consumption and alcohol-related behaviors.

Objective 3. Students will take more responsibility for assisting/intervening with other students who are using alcohol excessively or in a potentially harmful fashion.

Objective 4. Students will be more aware of how to recognize and help a person who may have a drinking problem.

Objective 5. Students will increase the number of parties where food and non-alcholic beverages are served and other activities besides drinking are the focus.

Goal B. The occurence of alcohol-related socially disruptive behaviors among students will decrease.

Objective 6. The amount of property damage related to alcohol use will decrease.

Objective 7. The number of problems due to persons exhibiting disruptive behavior related to alcohol use will decrease.

Objective 8. The number of students driving while intoxicated will decrease.

Goal C. The occurrence of alcohol-related personally and interpersonally disruptive behaviors among students will decrease.

Objective 9. The number of students dependent on alcohol or risking long-term health problems due to excess alcohol use will decrease.

Objective 10. The number of students incurring physical injuries due to their own or other's use of alcohol will decrease.

Objective 11. The number of students risking disruption of interpersonal relationships due to excessive or inappropriate use of alcohol will decrease.

Objective 12. The number of students risking disruption of academic/career performance due to inapporpriate alcohol use will decrease.

Each goal and objective has been used as a guide for designing specific program content and emphasis, and for evaluating the results of project endeavors. Although each of the objectives are still somewhat broad, this "disaggreagated" approach to alcohol prevention programming (Room, 1974) does help determine both priorities and the limits of current efforts. Unfortunately, the institution of the above scheme did not occur until the Spring of 1976 with the result that some of the evaluation data collected during the program's first year is not as useful as originally thought (see below under "evaluation").

Program Methods: The Demonstration Alcohol Education Project employs three methods to accomplish its overall goal: community development, extensive approaches, and intensive approaches. Although an exhaustive review of each method is not the purpose of the present paper, the three areas will be described, using examples to highlight some of the activities.

The first area is community development, also known by some people as community organization, community outreach, or systems intervention. The program tries to develop ways of responding to what the target population wants and needs.

Part of the process of community development involves assisting target groups of students to learn what is needed. For example, project efforts with Black students found that many Blacks felt ill-prepared to succeed at their studies due to poor reading and study skills, despite a special university program, and were not particularly concerned about their alcohol use. As a result, a Black DAEP peer educator helped Black undergraduates correct the deficiencies in their educational experience by utilizing available community resources. At the same time, he helped these students recognize how irresponsible alcohol use could prevent achievement of career goals, through educational workshops focused on alcohol use by Blacks.

Other community development efforts focused on work with dormitory residents, women's groups, fraternity and sorority groups, Latinos, married students living in university apartment complexes, and veteran's groups. Each effort sought to identify the group's special needs, especially related to alcohol use, design programmatic activities to meet those needs, when relevant, and implement the activities. In most cases, the community development efforts led to the design and implementation of small discussion groups focused on the group's special concerns about alcohol.

A second focus of community development efforts was with key decision makers and organizers. Project staff met regularly with certain university administrators, including the Dean of Students (both in charge of disciplinary policy and Acting Director of the main entertainment center on campus, the Campus Center), Director of Public Safety (the campus police force), Director of the Communtiy Development Center (in charge of residence halls and vocational/educational counseling), heads of the three Residence Hall Areas, the manager of the main

campus pub (the Bluewall), and the Director of University Health Services. In each case, the administrators were kept informed of DAEP activities and were asked to assist in specific ways which involved their responsibilities. For example, the Dean of Students and Bluewall manager both assisted in having non-alcoholic beverages prices posted and a popcorn machine installed in the Bluewall. The Director of Public Safety included DAEP staff in the training of his staff about how to handle alcohol problems and keep detailed statistics concerning alcohol-related incidents reported to the campus police.

Key student leaders have also been contacted by project staff. The Chairpersons of the Student Health Advisory Board, members of the undergraduate and graduate senates, students in the Student Activities Office, and organizers of certain large campus parties have all been instrumental in attempting to achieve certain project goals.

The second area involves extensive approaches, which have been used to raise awareness about alcohol use and abuse. These approaches include posters, pamphlets, and special displays. For example, one poster says: "DON'T BE AFRAID TO ASK..." in big letters, followed in small letters by "...for soda, for juice, for tea, for coffee." Another poster says, "Have you ever gone home to one of these beds?" and shows what could happen after a party with a number of adverse consequences, as well as one that said, "I like that drink I tried with the cream; dancing was fun." A third poster says, "What's in a drink?", followed by six recipes, three with an alcohol base and three without.

Another extensive approach involved setting up a breathalyzer display outside the campus pub on different evenings. The display involved attractive posters and signs on the wall explaining the relationship between the Blood-Alcohol-Concentration (BAC) and the amount of alcohol a person with a given body weight drinks in a given period of time. The posters also described the legally safe limit for driving. Two police assisted project staff each evening the

display was held (one state policeman and one "campus cop") and freely discussed various issues with students about alcohol and driving. On one occasion over 200 students stopped by the display and 75 students per night tried out the breathalyzer and asked questions. Few students were above the legally-defined drunken-driving limit (0.10 per cent), and even those few were helped to get home without driving. Both police talked with students in a very friendly, informative way and really enjoyed each evening - in fact volunteered for subsequent displays. One result was a photograph of one of the displays on the front page of the campus newspaper, with an accompanying article about drinking and driving.

A third extensive effort involved the use of the campus radio station. Three student-produced Public Service Announcements were played daily during the Spring of 1977 and attracted attention from students. A disc-jockey radio show, called the Salsa Soul Medicine Show, also aired for one hour per week during the Fall 1976 and Spring 1977 semesters. Interspersed between popular, soul, and salsa (i.e. Latino) music were quizzes, poems, skits, etc., with messages about alcohol-related typics, such as drinking and driving, planning a safe party, and drinking myths. The show has been quite successful, and in fact will expand broadcasting to non-university based radio stations in the coming year.

Other extensive approaches included newspaper articles, newspaper advertisements, special pamphlets, and display tables with literature and short films on the concourse level of the Campus Center (a main thoroughfare for most students).

The third area involves <u>intensive approaches</u>. Such approaches are designed not only to provide basic information about alcohol, but also to help individuals and groups examine and modify, as indicated, their own attitudes and behavior involving alcohol. The main avenue used with students is the small discussion group or "workshop," which generally follows one of thirteen designs. The workshop design used most frequently is a general "overview about alcohol" where major facts about alcohol, its use, and some problems related to drinking are

covered. Other workshops focus on women and alcohol, "Sex with Ethyl," and drinking and driving. The student Peer Educators generally present these workshops using affective education techniques.

Another intensive approach involves students taking courses for academic credit. For example, one three-credit seminar held in a residential area which houses 5,000 students was run by a DAEP staff member for about 20 participants. During that semester, students learned factual information and various educational techniques, helped distribute posters and pamphlets, and helped plan a workshop that one of the peer educators led. During the following semester, four students decided to prepare and lead their own one-credit colloquia for about 50 other students, and received assistance from project staff in planning and developing the curriculum.

The final intensive approach involves in-service training programs for various staff. Most of these opportunities involve a combined lecture and small or large discussion group approach, with content tailored to the needs of the specific group. The groups with whom in-service training has been performed include Heads of Residence, Resident Assistants, Health Service physicians, nurses, and mental health professionals, campus police, and campus pub personnel.

PROJECT EVALUATION

In order to determine the results of DAEP efforts, a number of techniques were employed. The results were recorded in terms of Effort (what was done, to whom, and when), Process (how it was done), and Effect (what did it accomplish). Although results presented after only two years of a primary prevention program are necessarily preliminary, they can indicate the general methods employed and the beginning trends, if any.

Many of the procedures now employed to evaluate the program were developed over the first two project years, especially where existing data sources were inadequate. For example, DAEP staff planned to use the number of students treated at the University Health Services medical clinics for alcohol-related problems as one measure of program success. However, it was discovered that only 0.1 percent of medical clinic encounters were given alcohol diagnoses by the medical and nursing staff. To overcome this presumed underreporting, a "spot survey" technique was used for week-long intervals the past two semesters, and showed that 1.4 and 2.7 percent of contacts each of the weeks were alcohol-related, over ten times the number noted on encounter forms. Other evaluation efforts were designed to meet specific program needs not originally anticipated, such as the Spring 1977 media survey to test the effectiveness of a concerted media effort during the 1976-77 academic year.

1. EFFORT. The first two years of the DAEP included a large amount of activity. Although numbers do not reflect the quality or importance of a contact, they do help demonstrate the amount and diversity of various activities.

   a. Community Development. With student groups, numerous meetings were held with various groups and individuals who live within residence halls. Continuing contacts were also maintained with Black student groups, Latino groups, Everywomen's Center, students living in married student housing (second year only), fraternity/sorority groups, gay groups and veterans groups.

      Efforts with key administrators included at least 8 to 10 contacts each year with the Director of Public Safety and the Director of the University Health Services, and between 3 to 5 meetings a year with each of the following: Dean of Students, campus pub managers, residence hall officials, and married student housing personnel.

Between meetings, memoranda and telephone contacts continued the community development efforts with the above officials.

b. Extensive Approaches. A number of efforts were used each year. Media and material were utilized extensively during both years to raise awareness (Table 1), including the distribution of over 22,000 posters and pamphlets, and the use of 23 paid advertisements in the campus newspaper. During the same two years, over 1800 students were also contacted through Special Displays to help them become aware of various alcohol-related information and problems (Table 2).

The posters, pamphlets, etc., were aimed at all students: graduate and undergraduate; men and women; drinkers and non-drinkers; on-campus and off-campus. The messages were designed to attract the attention of most students

c. Intensive Approaches. Various intensive approaches involved a large number of students and in-service training for certain helping agency staff. The number of persons contacted through the various efforts are displayed in Table 2. These efforts were advertised beforehand, voluntarily attended by students, and generally held in the evening (so-called workshops) or in the regularly scheduled class period. About 3000 people per year participated in such intensive educational programs.

2. PROCESS. For all DAEP activities, reports are made by staff concerning the process of implementation. In addition, certian activities have involved process evaluations from persons contacted by DAEP staff.

Key administrators were asked during the Spring of 1977 what they had noticed, if anything, as a result of DAEP efforts to date. The Director of Public Safety and one of the Campus Center managers indicated independently that DAEP efforts had assisted their department staff

in keeping alcohol use and abuse in perspective, and in collaborating with other campus agencies to minimize problems. One effect both had noticed was a dramatic decrease in fights and other disruptions in and around the Bluewall in the 1976-77 academic year, and felt part of the decrease was due to better trained and more aware staff and students, compared to previous years.

Workshop participants are asked to rate each workshop at its conclusion. Evaluation of the process of the workshop has frequently shown areas in which a particular facilitator or workshop design could improve, although overall the so-called "feedback sheets" have been positive. For example, collation of Fall 1976 feedback sheets showed that 85 percent had rated facilitators as effective and 72 percent rated the group discussion effective.

Some special community development efforts have assessed the process of the intervention through written reports. For example, the Black peer educator's work with the Black student community, noted above, led to a detailed report of his work, outlining not only what he did but also how it was done and where he felt improvements could be made.

The proportion of students aware of the various DAEP efforts was measured primarily through the 1975 and 1976 consumer surveys, described in detail below under EFFECT, and a 1977 telephone survey concerned about various media efforts, also described below. Respondants who reported seeing, hearing, or participating in various DAEP efforts are noted in Table 3.

An evaluation of the media efforts was performed in Spring of 1977 by a telephone survey of a random sample of 355 students. As noted in Table 3, about 63 percent reported seeing one specific poster and 70 percent indicated they had seen another specific poster. For the first

poster, 35 percent of those who saw it indicated the poster made them think about the message. For the second poster, 58 percent reported thinking about the message. The same study showed that 25 percent of the students surveyed had heard the one Public Service Announcement (PSA) about drinking and driving, and that close to 85 percent who heard it planned to try and stop a friend from driving home drunk.

In general, most students are aware of various project efforts, including 70 percent who had seen a specific poster. A smaller proportion of students (about 4 percent) reported participation in intensive educational approaches, as expected.

3. EFFECT. Most of the evaluation has sought to measure the results or effects of DAEP efforts using the program objectives as guides. In general, two types of data have been collected: direct data, such as self-reported and direct observational alcohol-specific information concerning given items; and indirect data, such as gross measurements of certain problem behaviors which may be quite inaccurate in their collection and only partly reflect alcohol-related behaviors. Because of the constantly changing nature of the program, evaluation efforts have been modified or changed to meet new needs or to correct deficiencies.

Data collection sources and instruments used include the following: (1) Specific DAEP instruments: a telephone survey in 1974 (by the Alcohol Task Force) of a random sample of 294 undergraduates, with a 65 percent response rate; a "consumer survey," mailed in November of each year to a random sample of about 1200 students, with a 60-65 percent return rate; telephone media survey, performed April, 1977, using a random sample of 700 students, with a 51 percent response rate; workshop feedback sheets, completed at the end of most workshops by participants;

behavior observation; performed by 20-25 trained students one week each semester, to note whether selected behaviors in their dormitories are related to alcohol use; structured interviews of a sample of Heads of Residence or Resident Assistants in dorms where workshops were held, conducted in the Spring of each year, using non-workshop dorms as controls; medical clinic contact survey, conducted for one full week each semester (November and April), completed by physician or nurse-practitioner, who indicates problem for which student was seen and whether or not it was alcohol-related; Mental Health/Room-to-Move contact survey, conducted for one full week each semester (November and April), completed by mental health professional, who indicates problem for which student was seen and whether or not it was alcohol-related; average consumption survey, performed two days each semester, calculating average drinks per customer at Bluewall. (2) Department of Public Safety data: monthly report of all incidents; breakdown of alcohol versus non-alcohol related incidents, as determined by reporting officer for about 60 percent of incidents, since January, 1976. (3) Residence Hall damages: yearly data from Physical Plant on dormitory damage for each dormitory; damage reporting technique pilot-tested Spring of 1977 to determine percentage of dormitory damage related to alcohol use. (4) Health Services Medical Clinics: medical encounter forms, completed by physician or nurse-practitioner for each visit, with space for primary and secondary problem (80,000 contacts per year). (5) Health Services, Mental Health Clinic: new patient intake form, completed by students, requests whether or not visit was alcohol-related. (6) Campus pubs: alcohol beverages sales, collected at six-month intervals, showing volume sold and total cash receipts.

Effects for each project objective have been evaluated from a number of the above sources. Only selected objectives will be discussed below,

to save time. While some of the data is directly related to accomplishment of the stated objective, other data is less direct and merely suggestive.

Goal A. The general student body will be aware of alcohol as a drug about which it ought to be concerned. (Findings for only two of the five objectives will be presented.)

Objective 1. Students will be knowledgeable about basic facts concerning alcohol, especially about how to use or not to use alcohol in a safe manner.

The 1976 Consumer Survey asked a few questions related to this item. Drinking with meals was approved by 49 percent of respondents. Drinking to relax was judged all right by 50 percent of those surveyed, but only 20 percent approved using alcohol to bolster confidence with the opposite sex. Although none of these questions were used in the 1975 survey, they will be repeated in the 1977 version.

The 1977 Media Survey included one knowledge item. There were 63 percent of the respondents who knew that one twelve-ounce beer, one four-ounce glass of wine, and one mixed drink all contained about the same amount of alcohol. The question will be repeated in the coming year.

Objective 2. Students will take more responsibility for their own alcohol consumption and alcohol-related behaviors.

Most students at Umass. drink to some extent. Between 89 to 90 percent reported drinking at least once a year in surveys conducted in 1974, 1975, and 1976. In surveys conducted in 1974 and 1975, there were only 11 and 14 percent, respectively, who drank an average of two or more drinks per day. Since light to moderate alcohol consumption is not a target of DAEP efforts, no decrease in the overall extent of drinking is expected, although heavy drinking patterns will hopefully decrease.

Self-reported drunkenness is quite common. In 1974, 58 percent of the undergraduates reported getting drink at least once in the previous month, compared to 32 percent in 1975, and 45 percent 1976. Because of slight differences in the sample size and composition of the survey groups, which are currently being analyzed, it is not yet clear whether these differences are significant.

An item on the 1976 consumer survey asked if the respondent keeps in mind how he/she will get home safely when out drinking. Over 70 percent indicated they did. Subsequent surveys will repeat the item.

In the coming year, pre- and post-test of workshop participants should provide more adequate information on this objective than has been available up to now. In addition, increased responsibility will be reflected below in more behavioral terms, under objectives 6 through 12.

The remaining objectives under Goal A demonstrated similar findings. Space does not permit detailed results.

Goal B. The occurrence of alcohol-related socially disruptive behaviors among students will decrease. (Only two of the three objectives will be discussed.)

Objective 6. The amount of property damage related to alcohol use will decrease.

The amount of property damage related to alcohol use has been gathered mainly from two sources: the Department of Public Safety, and the Residence Hall Staff. However, much of the data which will be reported is limited by the fact that: (1) the accuracy of the reporting is dependent on the persons who gather the data; (2) the accuracy of whether a given incident was alcohol-related or not, relies on the judgement of the reporting officer or other staff member; and (3) much dormitory and other damage either goes unreported or involves no witness as to whether or not alcohol use was involved.

The various surveys have generally involved questions about property damage. The 1974 telephone survey indicated that 7 percent of respondents had ever damaged property while under the effects of alcohol. The 1976 survey indicated that 8 percent had destroyed property after drinking within the previous twelve months. Only 0.1 percent indicated being arrested for such alcohol-related vandalism in the 1975 survey.

Department of Public Safety (DPS) Statistics reveal that a relatively small proportion of property damage (12 percent in 1976) is related to alcohol use (Table 4). Although the proportion may be artificially low due to the fact that only 75 percent of the DPS reports for July to December, 1976, indicated "yes" or "no" for alcohol-related property damage (the remainder of the reports were blank), the fact remains that the majority of reported property damage was not alcohol-related, in the opinion of the reporting officer. Overall, there seems to be an increase in the number of incidents of property damage since 1974, although it is unclear what relation such a trend has to alcohol abuse.

The amount of dormitory damage reported by the Physical Plant for July, 1975, to June, 1976, was $76,438 - over three times the total property damage figure from the Department of Public Safety. How much dormitory damage was related to alcohol use is uncertain, and the damage figures for July, 1976, to June, 1977, are not yet available. However, in a pilot study conducted the Spring semester of 1977 in one of three dormitory areas, the Heads of Residence reported that 17 percent of a total of 47 property damage incidents were alcohol-related, accounting for 14 percent of the damage costs. Again, the proportion of alcohol-related dormitory damage is surprisingly low.

Behavior observers are paid to rate certain behaviors in their dormitory corridor for one week each semester. During the 1976 observation periods, an average of 2.9 property damage incidents per dorm per week were noted, only one-third of which were alcohol-related. Results from Spring, 1977, are not yet available.

In general, property damage seemed to have increased in 1975 and 1976. However the different data sources suggest that only between 20 to 30 percent of property damages episodes are alcohol-related.

Objective 3. The number of students driving while in intoxicated will decrease.

The main sources of data are from the consumer surveys and Department of Public Safety statistics. In the 1975 consumer survey, students who had driven during the previous month while "extremely intoxicated" were 9 percent. When asked if they had ever been arrested for a traffic violation while under the effects of alcohol, 1.3 percent said yes. The 1976 consumer survey asked how many students had driven a car within the past year after having too much to drink, and 24 percent indicated yes.

The Department of Public Safety records arrests of individuals Driving Under the Influence (DUI) of alcohol (Table 4), without distinction between student and non-student arrests. There seems to have been a decrease in such arrests.

The self-reported behavior on the consumer surveys reveals that many students drive while under the influence of alcohol, although not many have been arrested. Since the question was asked in different ways each time, no trends can be determined. When arrest data is examined, a decrease in DUI arrests seems evident. The Director

of Public Safety is unclear why the trend, other than to say that fewer people on campus seem to be driving under the influence of alcohol.

Goal C. The occurrence of alcohol-related personally and interpersonally disruptive behaviors among students will decrease. (Only two of the four objectives will be covered.)

Objective 9. The number of students dependent on alcohol or risking long-term health problems due to excess alcohol use will decrease.

The main sources of information about this objective are the consumer surveys, medical clinic encounter forms, mental health clinic intake forms, and the medical, mental health and Room-to-Move contact survey.

In the 1975 consumer survey, 6 percent of respondents admitted concern that they presently might be using too much alcohol, with an additional 13 percent having had such a concern in the past but no longer. However, on a separate question, no one called him/herself an alcoholic, either recovered or not recovered, and only 0.4 percent said he/she was a "problem drinker." In the 1976 survey, 14 percent of the respondents either occasionally or frequently had worried about the long-range consequences of his/her drinking in the past twelve months. On a separate item, 0.2 percent defined him/herself as either an alcoholic or a non-drinking alcoholic, and an additional 0.6 percent described him/herself as a problem drinker.

The medical encounter form is completed on each out-patient contact. These forms have been reviewed at six month intervals since the Spring of 1975, and charts of students with any primary or secondary diagnoses related to alcohol use have been reviewed by one

of the project staff (DPK). Alcohol-related problems were then categorized on the basis of whether the problem(s) was longstanding, such as chronic alcoholism or recurrent ulcers due to continued or past alcohol abuse, or an acute, presumably self-limited problem due to a single excess drinking episode. The results from such a review are presented in Table 5. Data for the Spring of 1977 are not yet available.

The reported number of contacts for chronic alcohol problems has remained remarkably constant during the two years at between 0.02 to 0.03 percent of outpatient visits. There were 20 different individuals seen over the two years, with anywhere from 5 to 9 of them seen during a given semester. Of course, the numbers are dependent on reporting by the physicians and nurse-practitioners, and seem artificially low, despite many admonitions from DAEP staff to indicate both acute and chronic alcohol problems on the encounter forms.

To try and overcome some of the reporting error, a separate "spot sample" technique was used for two separate weeks, one in the Fall, 1976, and the other in the Spring, 1977. Contact forms were received for close to 85 percent of the outpatient visits, except for visits for immunizations, contraception, allergy injections, and warts. During the Fall 1976 survey week, a total of 1346 contacts by 1214 students were collected; for the Spring 1977 contact week, 1582 contacts for 1439 students were collected. Overall, 1.4 percent in the Fall and 2.7 percent in the Spring were alcohol-related contacts. Persons seen after hours and on weekends were especially apt to have alcohol-related problems.

When the contacts were examined according to the problem for which the person was seen, none of the contacts were for persons diagnosed as having chronic alcohol-related problems in either survey week. Most of the problems seen involved acute traumatic injuries, reviewed under the next objective.

Regarding the increase in alcohol-related contacts the second survey week compared to the first, a few comments would be helpful. Medical and nursing staff indicated that the Spring period was a time when more parties occurred (the weather was sunny and warm with "Spring Fever" rampant), compared to the Fall period which turned out to be quite cold with fewer large parties. Some of the staff also felt they were more apt to ask students regarding whether their visit was alcohol-related or not in the Spring, compared to the first survey period.

The mental health outpatient clinic uses an intake form, which each new student completes to provide certain basic information. Since January, 1976, the form has included a question concerning whether the person's reason for seeking assistance was related to his/her own or other people's use of alcohol. Between January 1976 and June 1977, approximately 6 percent of new clients report the contact was alcohol-related, over half of whom relate the visit to their own alcohol use. Unfortunately, none of them were asked if they consider their alcohol problem as chronic or longstanding.

Mental health professionals participated in a contact survey during the same two weeks as the medical and nursing staff. Virtually all outpatient contacts were recorded. The general results showed that between 13 to 14 percent of visits were judged alcohol-related during the two sample weeks. When the problems for which students

were seen at the mental health clinic were examined, 1.[illegible] percent of the Fall contacts and 1.0 percent of the Spring contacts were for chronic alcohol problems. Most of the remaining alcohol-related contacts were for problems related to someone else's abuse of alcohol or to the person's own periodic excess alcohol consumption.

All of the data sources reveal a fairly small proportion of students with chronic alcohol problems. Although underreporting or non-diagnosis of such persons is probably present, there is some doubt whether further improvements in the reporting mechanisms will change the basic results for chronic alcohol problems.

Objective 10. The number of students incurring physical injuries due to their own or other's use of alcohol will decrease.

Data bearing on this objective are mainly available through the consumer survey and the medical clinic forms. The 1976 consumer survey was the only instrument to ask a question concerning minor physical injuries: a startling 13 percent of respondents reported sustaining such an injury after drinking within the past twelve months.

As indicated above, the medical clinic encounter forms have reported an increasing proportion of acute alcohol-related problems. During 1976, close to 50 percent of the alcohol-related contacts were for persons who had sustained contusions, lacerations, or fractures.

The medical clinic contact survey, also described above, showed a significant proportion of students seen for minor physical injuries who had reportedly been using alcohol at the time of the injury. In the Fall 1976 survey week, 9 percent of students seen for contusion, fractures, lacerations, superficial injuries, and head injuries reported alcohol-related events. In the Spring of 1977, close to

16 percent of students seen for the same four problems reported alcohol-related events. Sprains and strains of extremities were also alcohol-related for 10 percent of students seen for those problems in the Spring, 1977.

The relation of accidental injuries to even moderate alcohol use is one area which has become a focus of DAEP efforts. Many such accidents could presumably be avoided with a few precautions.

Discussion:

Alcohol education for youth has become popular in recent years, especially approaches which use affective education or values clarification approaches. Peer models are also quite popular. However, few studies have demonstrated the effectiveness of any alcohol education methodology which seeks to change drinking behavior and to prevent clinical problems from occuring.

The present paper describes a university project which seeks to incorporate affective education approaches into a community-wide effort to educate people about sensible drinking. The main focus is on altering drinking-related behaviors and not knowledge or attitudes alone. Extensive efforts to evaluate the results of the project activities have been described.

The results of program efforts to date indicate that most people on campus know of some project activities and are aware of certain basic information concerning alcohol and its use. Although no clear decrease in alcohol-related property damage is yet evident, the number of students willing to prevent friends from driving while intoxicated has been significant, and the number of DUI arrests has decreased. Few students have been diagnosed with chronic alcohol problems. However, a significant number of students have indicated minor physical injuries related to alcohol use.

Too little time has elapsed to determine whether or not DAEP efforts have been successful overall. Certainly some items of the current program seem to have shown changes in a desired direction. Further time should demonstrate whether or not current methods will be beneficial.

One of the concepts tested in current efforts is the "disaggregation" of alcohol problems (Room, 1974). In general, the concept states that persons at risk for one alcohol-related problem are not necessarily the same persons at risk for another problem. By separating each problem, a more accurate picture of efforts to prevent such alcohol-related problems would become evident. The "disaggregation" principle also provides targets for program planning and for determining priorities or areas to be emphasized.

The combination of community and individual efforts is consistent with generally acknowledged principles of health education. Attention to either aspect without the other seems to preclude successful operation of a primary prevention program.

Comments about each of the areas of the program and its evaluation could be made in some detail. Suffice it to say that the present program seeks to utilize multiple sources and resources to influence as many people as possible in their drinking behaviors, and to evaluate the results of such efforts in as comprehensive a fashion as possible.

Summary:

The paper describes a program which has been operating at the University of Massachusetts between September, 1975, and July, 1977. The Alcohol Education Project seeks to modify individual and group drinking practices through a multimodality educational approach. The basic assumptions of the program, its objectives and program methodology are presented in some detail. Selected results of program activities after two years of operation, are then presented, in order to demonstrate the ways in which project staff are attempting to prove effectiveness of the program.

Table 1. Use of Media and Materials to Raise Awareness

Method	Number Distributed/Shown	
	1975-76	1976-77
Posters	3500	10,100
Pamphlets, reprints	2500	6,300
Radio Interviews	4	4
Public Service Announcements	0	3
Newspaper Advertisements	10	15
Newspaper Aritcles	5	4
Disc Jockey Radio Show	0	13
Films (feature length)	20	31
Trigger Films	5	33

Table 2. People Contacted Through Specific Project Efforts

Method	1975-76			1976-77		
	No. Held	No. People	Contact Hours	No. Held	No. Persons	Contact Hours
Extensive Approaches						
Campus Center Displays	2	400	200	5	1000	250
Breathalyzer Displays	1	200	100	1	200	50
Sub-Total	3	600	300	6	1200	300
Intensive Approaches						
Discussion Groups - Single	95	1600	3000	98	1591	2970
Discussion Groups - Multiple, for credit	6	85	1342	4	48	1952
Part of Existing courses	6	240	480	19	1091	1500
In-service Training	9	797	1069	10	650	780
Sub-Total	116	2722	5891	131	3380	7202
TOTAL	119	3322	6191	173	4580	7502

Table 3. Proportion of Students Reporting Involvement in DAEP Efforts

Method	Survey: Nov. 1975 Consumer Survey (N of 794)	Nov. 1976 Consumer Survey (N of 695)	April 1977 Media Survey (N of 355)
1. Extensive Approaches			
a. Newspaper articles re. DAEP	3.5%	*	*
b. Posters	*	*	62.8%; 70.4%
c. Pamphlets	*	*	17.7%
d. New. art., poster, or pamphlet	*	60.1%	*
e. Salsa Soul Medicine Show (listen to)	*	4.6%	13.2%
f. PSA's on radio	*	*	24.3%
2. Intensive Approaches			
a. Workshops or Colloquia participation	*	3.6%	*

*not asked

Table 4. Department of Public Safety Reported Incidents for Selected Offenses

	1974 Jan.-June	1974 July-Dec.	1975 Jan.-June	1975 July-Dec.	1976 Jan.-June	1976 July-Dec.	1977 Jan.-June
Malicious Destruction and Vandalism (No. of Incidents)	113	100	178	165	158	155	121
Alcohol-Related MD&V (No. of Incidents)	-	-	-	-	13	25	8
Driving Under Influence	13	14	33	36	29	19	18

Table 5. Medical Outpatient Clinic Alcohol-Related Encounters for a Two Year Period

Category	1975 Jan.-June	1975 July-Dec.	1976 Jan.-June	1976 July-Dec
Total Medical Clinic Visits	58,860	27,061	44,610	45,264
Total Alcohol-Related Visits	(32)	(14)	(49)	(50)
Chronic Alcohol Problems	17	5	13	8
Other Alcohol Problems	15	9	36	42
Percent of Total Visits				
Any Alcohol Visit	0.05%	0.05%	0.11%	0.11%
Chronic Alcohol Problem	0.03%	0.02%	0.03%	0.02%
Other Alcohol Problem	0.02%	0.03%	0.08%	0.09%

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